

MAY 15 1940

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 1637

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
George H. Nettleton Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution NO.
(Specify whether
 In this community since 1939
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits write "RURAL")
 (d) Street No. George H. Nettleton Home
(If rural, give location)
 (e) If foreign born, how long in U. S. A. 55 years. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th,
 year 1940 hour 2:15 minute 0 M.
 21. I hereby certify that I attended the deceased from March 22, 1940 to April 14, 1940
 that I last saw her alive on April 12, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death: Sudden Death
due to cerebral embolism
Right transverse fracture
 Due to due to fall in her room
 Duration Sudden
Mar 22
 Other conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: old light stroke affecting speech center all dated mortality about 3 months ago.
 Of autopsy: _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence March 22 1940
 (c) Where did injury occur? in her room
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Was an invalid because of mental condition 6 mos.
(Specify type of place)
 While at work? no (e) Means of injury _____
 23. Signature John G. Lark (M. D. or other) M.D.
 Address 1314 Professional Bldg Date signed Apr 16 40

3. (a) PRINT FULL NAME Mrs. Eliese Talbot, 413

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased April 1 1857
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>0</u>	<u>13</u>	hr. _____ min.

9. Birthplace Germany 1.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business X 6

12. Name Henry Brockman

18. Birthplace Germany 1
(City, town, or county) (State or foreign country)

14. Maiden name Dianah Waterman

15. Birthplace Germany 1
(City, town, or county) (State or foreign country)

16. (a) Informant George H. Nettleton Home

(b) Address 5125 Ward Parkway, K. C., Mo.

17. (a) Burial (b) Date thereof 4-17-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Spina & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.
4-16-40

19. (a) _____ (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Jas. Lapp, 11 A. N.
Professional Bldg.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.